

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031918

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1242-B

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300

Rev. 4/59

10397

20390

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 12 1963

1. PLACE OF DEATH

a. COUNTY **Greene**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Springfield,**

Length of stay in 1b
DOA

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Burge Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Greene**

c. CITY OR TOWN **Republic,**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
E. Elm

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Harriett Hawkins Davis

4. DATE OF DEATH
Month Day Year
September 2, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
July 20, 1872

9. AGE (last birthday)
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and state or country)
Christian Co. Mo. USA

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Robert O'Dell

13b. MOTHER'S MAIDEN NAME

Sarah Bledsoe

14. NAME OF HUSBAND OR WIFE

Barney Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Tressie Davis Republic, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac failure

INTERVAL BETWEEN ONSET AND DEATH
30 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Asthma

3 Hours

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION
COUNTY STATE

21. I attended the deceased from **January 1963** to **September 1963** last saw her alive on **2 September 1963**
Death occurred at **5:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harl Leidinger M.D.

22b. ADDRESS

Republic, Missouri

22c. DATE SIGNED

10 Sep '63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
9-5-1963

23c. NAME OF CEMETERY OR CREMATORY
Wise Hill Cemetery

23d. LOCATION (City, town, or county)
Clever, Mo.

24. FUNERAL DIRECTOR

W.B. Cantrell Republic, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

9-10-63

26. REGISTRAR'S SIGNATURE

Bernie Medley (acting)

(Licensed Embalmer's Statement on Reverse Side)

Handwritten: *Leidinger*

USE BLACK INK

OR

TYPEWRITER RIBBON

9/2/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jetham B. Gault

Licensed Embalmer No.

820

P. O. Address

Repulse, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.